

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST AMENDMENT

AFTER 2ND AMENDMENT

IND

DEP

IND

DEP

IND

DEP

IND

DEP

IND

DEP

IND

DEP

1

2

3

4

5

6

7

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9

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49

50

TOTAL IND.

9

TOTAL DEP.

10

TOTAL CLAIMS

12

51

52

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